

Docket No.: 532/3 (F-299)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:

Zubok et al.

Application No.: 10/688,632

Filed: October 17, 2003

INSTRUMENTATION AND METHODS FOR

USE IN IMPLANTING A CERVICAL DISC

REPLACEMENT DEVICE

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Dear Sir:

For:

In the matter of the above-identified application, enclosed please find:

Substitution of Attorneys Pursuant to 37 C.F.R. § 1.36; and 1.

2. Consent of Assignee 37 C.F.R. § 3.73(b).

Dated: February 6, 2004

Respectfully submitted,

Matthew B. Dernier

Registration No.: 40,989

KAPLAN & GILMAN, LLP

900 Route 9 North, Suite 104

Group Art Unit: 3738

Examiner: Not Assigned

Woodbridge, New Jersey 07095

(732) 634-7634

Attorney for Applicant

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: Commissioner for Patents, P₄O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: February 6, 2004

Print Name: Matthew B. Dernier



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Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

SUBSTITUTION OF ATTORNEYS PURSUANT TO 37 C.F.R. § 1.36

Dear Sir:

We hereby appoint the following practitioners as our attorneys to prosecute the application and to transact all business in the United States Patent and Trademark Office connected therewith: Joseph P. Errico (Reg. No. 38,131); Timothy J. Bortree (Reg. No. 43,506); Jeffrey I. Kaplan (Reg. No. 34,356); Michael R. Gilman (Reg. No. 34,826); Timothy X. Gibson (Reg. No. 40,618); and Matthew B. Dernier (Reg. No. 40,989).

All future correspondence should be forwarded to:

KAPLAN & GILMAN, L.L.P., 900 Route 9 North, Woodbridge, New Jersey 07095 telephone (732) 634-7634)

We are the assignee of record of the entire interest and therefore have the right to take action in the above-identified application. A Statement under 37 C.F.R. § 3.73(b) is enclosed.

25 04 Date

Joseph P. Errico CEO, SpineCore, Inc.



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USE IN IMPLANTING A CERVICAL DISC.

REPLACEMENT DEVICE

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

CONSENT OF ASSIGNEE 37 C.F.R. § 3.73(b)

Dear Sir:

Pursuant to 37 C.F.R. § 3.73, I, Joseph P. Errico, being an officer of SpineCore, Inc., the Assignee of the above-identified patent application by way of assignment (a copy of which is attached), hereby consent to a substitution of all previous powers of attorney and to the appointment of new attorneys in the above-identified patent application.

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Joseph P. Errico CEO, SpineCore, Inc.

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A	Docket Number (Optional) F-299									
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Instrumentation and Methods for use in Implanting a Cervical Disc Replacement Device										
	application for a Unite			, 						
Application N	lumber/_		 •							
X for which an	application for a Unite	ed States Patent v	was executed on	10/17/200	03, and					
Whereas, to"assignee" who	SpineCore, Inc. se mailing address is	of 447 Springf	Summ ield Avenue,	nit, NJ Summit, NJ	_herein referre _07931_is	ed				
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other good and v transfer unto said interest in and to that said Patent t sole use and beh which said Paten assignment and s	n consideration of the aluable consideration I assignee the full and any and all Patents voe issued to said assigned to the use at may be granted, as sale not been made. 17th	 I/We, the applicate exclusive right to which may be granged gnee, of the entire and behoof of his fully and entirely and e	ant(s), by these pre- to the said invention nted therefor. I/We e, right, title and inte legal representative as the same would	sents do sell, as and the entire in hereby authorize erest in and to the so, to the full end	ssign, and right, title and re and request he same, for his d of the term for					
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* XI Total of	3 forms are su	hmitted								



ASSIGNMENT OF APPLICATION

Docket Number (Optional)

ASSIGNMENT OF APPLICATION				F-299		
Whereas, I/We,	Michael W	. Dudasik; o		Nutley, NJ	,hereafter	
referred to as applic	ant, have invente	ed certain new and	useful improvement	ts in		
Ins	trumentation and M	ethods for use in Implar	ating a Cervical Disc Rep	acement Device		
			was filed on			
Application Nur	nber/_		•			
X for which an ap	plication for a Ur	nited States Patent	was executed on	10/17/2003	and,	
Mhorocc	SpineCore. Inc.	of	Summ	it, NJ	herein referred	
Whereas, to assignee whose	mailing address	is 447 Springs	ield Avenue,	Summit, NJ	<u>07931</u> is	
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that said Patent be sole use and behoo which said Patent massignment and sale	f, and for the use nay be granted, a e not been made	e and behoof of his as fully and entirely e.	legal representative as the same would	es, to the full end	of the term for	
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Note: Signatures of all the forms if more than one sign	e inventors or assign qnature is required, S	ees of record of the nti See below*.	ire interest or their repres	sentative(s) are requ	ired. Submit multiple	
* M Total of 3	forms are	submitted				



Docket Number (Optional) **ASSIGNMENT OF APPLICATION** F-299 Whereas, I/We, ______ Joseph P. Errico ____of ___ Green Brook, NJ .hereafter referred to as applicant, have invented certain new and useful improvements in Instrumentation and Methods for use in Implanting a Cervical Disc Replacement Device for which an application for a United States Patent was filed on _____ Application Number____/___ Whereas, SpineCore, Inc. of Summit, NJ herein to assignee whose mailing address is 447 Springfield Avenue, Summit, NJ 07931 is herein referred desirous of acquiring the entire right, title and interest in the same; Now, therefore, in consideration of the sum of one dollar (\$1.00), the receipt whereof is acknowledged, and other good and valuable consideration, I/We, the applicant(s), by these presents do sell, assign, and transfer unto said assignee the full and exclusive right to the said invention and the entire right, title and interest in and to any and all Patents which may be granted therefor. I/We hereby authorize and request that said Patent be issued to said assignee, of the entire, right, title and interest in and to the same, for his sole use and behoof, and for the use and behoof of his legal representatives, to the full end of the term for which said Patent may be granted, as fully and entirely as the same would have been held by me had this assignment and sale not been made. Executed this 17th day of _____ Green Brook, NI State of _____) (Signature) County of _____) Before me personally appeared said ______ and acknowledged the foregoing instrument to be his free act and deed this day of ______, 20 _____. (Notary Public) Seal

Note: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple

forms if more than one signature is required, See below*.

* 🖾 Total of 3 forms are submitted.